

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY!

We understand that your medical information is personal and we will protect your privacy as the law requires. We may share your protected health information with others for purposes of treatment, payment, and health care operations. "Protected health information" means the personal and medical information we obtain in providing our services to you. Such information may include a list of your symptoms, examination and test results, diagnoses, treatment, medications and applications for future care or treatment. It also includes related billing information. This *Notice* explains (1) how we may use this information (2) our responsibilities to you, and (3) your rights of privacy.

HOW WE MAY USE YOUR INFORMATION WITHOUT YOUR AUTHORIZATION:

- **FOR TREATMENT**: Information obtained will be recorded in your file in order to get you the care you need. For example, a doctor or nurse may need to consult with another specialist, clinic, lab, etc. for the best treatment.
- FOR PAYMENT: Limited information is shared with doctors, clinics and others who bill for your care. We may forward bills to other health plans for payment.
- FOR HEALTH CARE OPERATIONS: In addition to general administration, we may share information with other organizations to accomplish certain tasks, such as quality improvement, audits, investigations, testing and planning. Those organizations must safeguard your information.

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ADDITIONAL WAYS THAT WE MAY SHARE YOUR INFORMATION:

- APPOINTMENTS/OTHER NOTIFICATIONS: We may need to contact you (your family, friend or personal representative if involved in your care) in an emergency, or to tell you about an appointment or available health benefits, exams or programs.
- VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: If health providers believe disclosure of information is necessary to prevent or discontinue serious harm to someone, that information may be shared with certain governmental agencies.
- OVERSIGHT AGENCIES: Certain agencies that oversee health care systems may receive health care information as part of their audits, civil, administrative or criminal investigations, inspections, licensures or disciplinary actions, and for similar reasons.
- JUDICIAL/ADMINISTRATIVE PROCEEDINGS: We may share health information for judicial and administrative purposes as required by law, such as in lawsuits or court-ordered Workers' Compensation actions.
- LAW ENFORCEMENT: We may share health information for certain law enforcement purposes, including laws that require reporting of certain types of wounds or other physical injury or abuse, or crimes against program employees or on program premises. Sharing is also allowed to identify a suspect, fugitive, witness or missing person.
- CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: Some laws require health information to be shared with funeral directors, coroners or medical examiners in order for them to carry out their duties.
- ORGAN PROCUREMENT ORGANIZATIONS: Health information may be shared with organizations that obtain, store or transplant organs or tissue according to law.
- RESEARCH: We may disclose information to specific approved researchers who are also required to protect your health information.
- THREAT TO HEALTH & SAFETY: Health information may be shared in the case of a threat to the health or safety of a person or the public, such as a terrorist attack, medical emergencies, serious risk of disease, injury or disability, or emergency disaster relief.

- FOR SPECIALIZED GOVERNMENTAL FUNCTIONS: Health information may be provided for reasons of national security, intelligence or to public assistance programs.
- CORRECTIONAL INSTITUTIONS: If you are an inmate, protected health information may be legally shared as necessary.

PUBLIC HEALTH ACTIVITIES:

<u>Controlling Disease</u> – We may provide your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including reporting of vital statistics.

<u>Food and Drug Administration (FDA)</u> – Your health information may be provided to the FDA if related to reactions to food, supplements, products and product defects, or post–marketing surveillance information to enable product recalls, repairs, or replacements.

The use of your information for other reasons will be made only if you provide written permission, which you may take back in writing at any time, except if we have already released the information or if permission was required in order for you to be covered by insurance.

YOUR HEALTH INFORMATION RIGHTS

The health & billing records we keep are the property of Placer County. You have the right to:

- 1. Ask us not to share your health information in a manner listed above, by making a written request to our Privacy Officer. We may deny your request, but we will comply with any request that is granted.
- 2. Obtain another paper copy of the *Notice of Privacy Practices ("Notice")* by making a written request to the Privacy Officer. You may also view it on our website, which is: www.placer.ca.gov/hhs/hhs.htm.
- 3. (In most cases) inspect and copy your health and billing record—by asking our Privacy Officer in writing. You may be charged the cost of copying the records. You may appeal a denial of access to your protected health information except in certain circumstances.
- 4. Request a correction or amendment to your health care record by asking our Privacy Officer in writing. Your request may be denied if, for example, the information is not kept or created by us, or the file is accurate and complete. If the change is not made, you may file a *Statement of Disagreement*, which will become part of your health record.

- 5. Receive a list of times we have shared your health information after 4/14/03 by asking our Privacy Officer in writing. The list will not include internal uses of information for treatment, payment, operations, disclosures made at your request, or those to family members or friends in the course of providing care.
- 6. Ask our Privacy Officer, in writing, that we communicate with you only in writing or at a different address or phone number. We will agree if the request is reasonable.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice explaining our duties and how we collect and disclose your information;
- Follow the terms of this *Notice:*
- Notify you if we cannot agree to your request;
- Contact you in writing or at a different address or phone number, if your request is reasonable;
- Provide you with a list of who received your health information after 4/14/03 upon your written request;
- Notify you of any changes in this privacy policy, post a new *Notice* in each County service location, and give you a new copy upon your request.

TO REQUEST INFORMATION OR FILE A COMPLAINT

If you have questions, would like additional information or forms, wish to exercise any of the above rights, or feel that your privacy rights have been violated, you may call or write to:

Privacy Officer **Placer County** Dept. of Health & Human Services 11484 "B" Avenue **Auburn, CA 95603**

Telephone: (530) 886-3621

Office for Civil Rights U.S. Dept. of Health & Human Services 50 United Nations Plaza - Room 322 San Francisco, CA 94102 Telephone: (415) 437-8310

> TDD: (415) 437-8311 FAX: (415) 437-8329

Your benefits will not be affected by any complaints you make. We cannot, and will not, treat you differently if you file a complaint.

Effective Date: April 14, 2003